

Little Traverse Bay Bands of Odawa Indians

Enrollment Department

7500 Odawa Circle: Harbor Springs: MI 49740

231- 242-1520 (Or) 231- 242-1521

APPLICATION FOR CITIZENSHIP

FIRST	MIDDLE	LAST	JR/SR/ETC	GENDER
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MAIDEN OR OTHER NAMES (INDIAN NAMES)	PHONE
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MAILING ADDRESS	CITY	STATE	ZIP
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DATE OF BIRTH	PLACE OF BIRTH	COUNTY NOW RESIDING IN
(PLEASE ANSWER TO THE BEST OF YOUR KNOWLEDGE)		

Are you an enrolled member of another Band/Tribe?	NO	YES*
If Yes please list _____		

Are your parents enrolled with another Band/Tribe, if yes what Tribe?	NO	YES*
_____		

List any Tribes other than Little Traverse Bay Bands from which you are Descended from._____	NO	YES
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Have you applied for membership with the Little Traverse Bay Bands of Odawa Indians? If yes list date. _____	NO	YES
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Is your birth certificate Amended or delayed. If so list reason._____	NO	YES
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Is the applicant an adopted child?	NO	YES
Were any of your ancestors adopted?	NO	YES

Did you ever relinquish your membership with Little Traverse Bay Bands? If so list date._____.	NO	YES
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List your parent(s) names if they were enrolled prior to May 2, 1996. _____	NO	YES
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Any person who is enrolled or recognized as a member of any other Band/Tribe, federally recognized or otherwise shall not be eligible for enrollment with the Little Traverse Bay Bands of Odawa Indians unless documented proof of Band/Tribal conditional relinquishment is submitted.

I certify that all information provided in this application is true to the best of my knowledge and belief. I understand that false information may result in the denial of my application or disenrollment. Knowingly providing false information may also result in civil and/or criminal sanction.

_____ Signature of Applicant or Guardian (Anyone over 18 must sign their own)	_____/_____/_____ Applicant’s S.S #	_____ Date
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Recommendation of Enrollment Officer ____ APPROVAL ____ Reject, Because_____ _____	Legislative Branch ____ APPROVAL ____ Reject, Because_____ _____
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Enrollment Officer’s Signature - Date	TRIBAL COUNCIL ACCEPTANCE DATE
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Tribal Chairperson Review - Date	Enrollment Number
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